



Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
Fax: (617) 727-1258

Timothy P. Cahill
Treasurer and Receiver General

Eddie J. Jenkins
Chairman

Renewal Procedures Ship Chandler Applicants

Enclosed is the application to renew your license for the 2005 calendar year. Renewal applications must be submitted by November 30th of the calendar year. The procedures detailed in this letter are for RENEWAL of licenses only.

ANY QUESTIONS CALL TERRI STRIANESE (617) 727-3040, EXT. 21.

OUR WEBSITE ADDRESS: www.mass.gov/abcc

The following documentation should accompany your application:

1. ATTESTATION located on the front of the application, regarding the payment of taxes must be completed and signed.
2. Certification – staple to the application
3. License Fee: \$1,000.00 (Payable to the Commonwealth of Massachusetts).

Transportation applications are also enclosed. On the upper right of each transportation application are the letters, TD-..... If this is a renewal of last year's transportation, please put the TD NUMBER assigned in 2004 (located on the 2004 permit) here.

Leased or rented vehicles - If the vehicle you wish licensed is leased or rented, a copy of the lease/rental agreement must accompany the application, UNLESS it is already on file with this Commission.

Qualified Buyer Authorization - The "Qualified Buyer Authorization" can be reproduced for each purchase, two signed copies are to be kept by you, and the third copy is to be given to the buyer.

ALL APPLICATIONS, INCLUDING TRANSPORTATION APPLICATIONS, MUST BE COMPLETED AND SIGNED BY AN OFFICER OF THE CORPORATION.

PAYMENT AND MAILING PROCEDURES

All applicants must complete the enclosed Monetary Transmittal Form, attach your payment, application and required documentation to the transmittal form and mail to:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

2005

SHIP CHANDLER APPLICATION
PROVISIONS OF (M.G.L. CH. 138, SEC. 13)

NO. SC _____

1. Name of Applicant _____
(Individual, Partnership or Corporation)

2. Location and description of premises from which alcoholic beverages are to be sold to vessels.

(Street and Number, City/Town, Zip Code)

3. Telephone Number: _____(_____)_____

4. List type and number of license you hold (if any), issued by the Department of the Treasury (Bureau of Alcohol, Tobacco, and Firearms.) *

Type of License (Name)

Number

Signature of Applicant _____
(Title or Position)

_____ Date

Mailing Address _____

* (Note: Only duly licensed Massachusetts Wholesalers and Importers are authorized under the laws of the Commonwealth to import alcoholic beverages into this state).

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTY OF PERJURY

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number

Signature of Individual
or Corporate Name

Date

Federal Identification Number

By: _____
Corporate Officer
(if applicable)

Date

FEE: \$1,000.00 PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

Ship Chandler Certification

1. _____
(Individual or Corporate Name)

2. _____
(Business Address) Telephone Number

3. I hereby certify that _____
(Name of Company)
is a ship chandler whose primary business is providing supplies and equipment to ships.

4. I further certify that _____
(Name of Company)
has been in the ship chandler business in Massachusetts for at least one (1) year prior to the date of this application.

5. I also certify that _____
(Name of Company)
is a corporation organized under the laws of the Commonwealth and all its directors are citizens of the United States and a majority are residents of the Commonwealth.

6. That _____ holds no other ship
(Name of Company)
chandler license.

Signed under the penalties of perjury _____

Date _____

(Owner or Corporate Officer)

(Name of Company)

**Ship Chandler
Qualified Buyer Authorization**

I, _____ owner/operator of the commercial

vessel _____ and/or shipping company
(Name of Vessel)

_____ operating out of the port
(Name of Vessel)

of Boston in the Commonwealth of Massachusetts – or -

_____ acting in my
(Name of Representative)

behalf is a qualified buyer in accordance with M.G.L., Chapter 138, Section 13 and
Regulation 204 CMR 5:00.

(Signature)

(Date of Purchase)

**LICENSEE COPY
PURCHASER COPY
ABCC COPY**

MONETARY TRANSMITTAL FORM 1

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER
TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

<u>LICENSE NAME</u>	<u>REV. CODE</u>	<u># OF PERMITS REQUESTED</u>	<u>FEE AMOUNT</u>	<u>TOTAL</u>
AIRLINE MASTER FOR SALE TO PASSENGERS	3094	_____	\$ 500.00	\$ _____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$ _____
BROKERS	3007	_____	\$ 5000.00	\$ _____
BROKERS (ADDITIONAL)	3007	_____	\$ 500.00	\$ _____
BONDED WAREHOUSE	3095	_____	\$ 1000.00	\$ _____
SALESMAN	3011	_____	\$ 200.00	\$ _____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$ _____
RAILROAD MASTER FOR SALE TO PASSENGERS	3009	_____	\$ 500.00	\$ _____
RAILROAD (EACH RR CAR)	3009	_____	\$ 50.00	\$ _____
STEAMSHIP	3010	_____	\$ 500.00	\$ _____
SHIP CHANDLER	3099	_____	\$ 1000.00	\$ _____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$ _____
WAREHOUSEMAN	3095	_____	\$ 500.00	\$ _____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION RR, SHIP, OR AIRLINE	3097	_____	\$ 1500.00	\$ _____
CHECK TOTAL				\$ _____